Best Available Copy.

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

020431.0841

								020431.0071					
		CLAIMS AS	S FILED - I (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			28					RATE	FEE	{	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	·710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		• %			X\$ 9=		OR	X\$18=	144.	
INDEPENDENT CLAIMS			7 mir	us 3 =	"uf			X40=		OR	X80=	320	
ΜU	LTIPLE DEPEN	DENT CLAIM P	RESENT	1.0				+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in c						olumn 2	ļ	TOTAL		OR	TOTAL	11.74	
	C	LAIMS AS A	AMENDED - PART II (Column 2) (Column 3				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T OL 4114	=		X40=		OR	X80=	_ }	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=		OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		<u>)</u>	ADDII. FEE I			ADDIT: 1 EE							
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	IMN 2) HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	Minus *** LTIPLE DEPENDEN		<u> -</u>	4	X40=		OR	X80=		
	FIRST PRESE	NIATION OF M	OLTIPLE DEP	ENDEN	CLAIM		ا ل	+135=		OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	ımn 2)	(Column 3)		ADDII. 1 EE 1		_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		ŔATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> </u> =	_	X40=		OR	X80=		
╠	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.